

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019007  
2665 STATE FILE NUMBERDO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2665

FILED JUN 8 1962

## 1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN Kansas CityLength of stay in 1b  
30yrsc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION General HospitalInside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri COUNTY Jacksonc. CITY  
OR  
TOWN Kansas CityInside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS (If outside, give location)  
1510 PennsylvaniaReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First  
JohnMiddle  
F.Last  
Kenney4. DATE  
OF  
DEATHMonth  
MayDay  
14, 1962

Year

5. SEX  
Male6. COLOR OR RACE  
White7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
2-18-18869. AGE (last birthday)  
76IF UNDER 1 YEAR  
Months DaysIF UNDER 24 HR  
Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
Sheet Metal Worker10b. KIND OF BUSINESS OR INDUSTRY  
Self11. BIRTHPLACE (City and state or country)  
St. Joseph Missouri12. CITIZEN OF WHAT COUNTRY  
U.S.A.

## 13a. FATHER'S NAME

Patrick Kenney

## 13b. MOTHER'S MAIDEN NAME

Katherina Moloesy

## 14. NAME OF HUSBAND OR WIFE

Ethel Kenney

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of serv.)  
No None

## 17. INFORMANT

Address

Mrs. Ethel M. Kenney 1510 Penn.

18. CAUSE OF DEATH (Enter only one cause per line - (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary Embolus

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

with multiple pulmonary  
abscesses

DUE TO (c)

INTERVAL BETWEEN  
ONSET AND DEATHPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY Hour  
a.m. Month, Day, Year  
p.m.20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

4-27-62

5:30

to 5-14-62

and last saw her  
him alive on

5-14-62

Death occurred at

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

2400 Cherry

## 22c. DATE SIGNED

5-14-62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)  
Burial

## 23b. DATE

5-17-1962

## 23c. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cemetery

## 23d. LOCATION (City, town, or county)

Kansas City,

Missouri

## 24. FUNERAL DIRECTOR

## ADDRESS

Mellody-McGilley-Eylar, 20 W. Linwood

K. C. Mo.

## 25. DATE RECD. BY LOCAL REG.

5-16-62

## 26. REGISTRAR'S SIGNATURE

Ruth H. Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DATE AMENDED

VS 300  
Rev. 4/59

1

2 3 24 8

3

4 0

5 1

6

7 0

8 1

9 465X

10

11

12 51.0

13

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Wm. H. Kutz

Licensed Embalmer No. 5038

P. O. Address KC Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.